

PUBLIC VOUCHER FOR PURCHASES  
Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010098-8  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No. 2067

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

PAID BY

Encl # 2  
SAPC 26419  
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				2,302.	09

## PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from

to

Weight

Government B/L No.

Total

2,302.09

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences

Date 4/4/58

\*Payee

not required when a like certificate is made by payee on attached bill or bills)

Per

Title

Amount verified; correct for  
(Signature or initials) EL

2,302.09

Contract No.

A-101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

†

(Authorized Certifying Officer)

By

SIGN  
ORIGINAL  
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_  
(on Treasurer of the United States in favor of payee named above.)

(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation shall be written in the space provided for the signature of the payee. For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title

Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 2067

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> Costs applicable to All Systems					
		Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 3/3 thru 3/23/58					
		STATINTL					
		STATINTL					
		Research & Development					
		Production					
		Labor for the period 3/3 thru 3/23/58					
		Overhead for Communications Division computed at interim rates as follows:					
		Research & Development - [REDACTED]					
		Production - [REDACTED]					
		STATINTL					
		Total Labor and Overhead					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs					
		STATINTL					
						\$ 2,302.09	